

III. MEDICAL/MENTAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility For Health Care Services				
Health care services are provided to all minors.				
There is a designated health administrator who has responsibility for administrative health care policies.				
A responsible physician is designated to develop policy in health care matters involving clinical judgments.				
1401 Patient Treatment Decisions				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.				
Security policies and procedures apply to both child supervision and health care personnel.				
1402 Scope of Health Care				
(a) Written policy and procedures define which health care services are provided in the facility and which services are provided through community providers.				
(1) There is at least one physician available to provide treatment.				
(2) Health care services meet the minimum requirements of these regulations and are at a level to address acute conditions and avoid preventable deterioration of the minor's health while in confinement.				
(b) Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.				
(c) There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.				
1403 Health Care Monitoring and Audits (Applicable to facilities with on-site health care staff)				
(a) There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.				
(b) There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.				
(1) There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.				

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(2) The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. (Inspectors are requested to verify existence of these reports.)				
(c) At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.				
1404 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
(a) Recruitment education and experience requirements are consistent with those in the community.				
(b) There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.				
(c) Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.				
(d) Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.				
1405 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.				
1406 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				
Complete, individual and dated health records are maintained and include, but are not limited to:				
(a) intake health screening form;				
(b) health appraisals/medical examinations;				
(c) health service reports (e.g., emergency department, dental, psychiatric and other consultations;				
(d) complaints of illness or injury;				
(e) names of personnel who treat prescribe, and/or administer/deliver prescription medication;				
(f) location where treatment is provided;				
(g) medication records in conformance with Title 15 § 1438;				
(h) progress notes;				
(i) consent forms;				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(j) authorization for release of information;				
(k) copies of previous health records;				
(l) immunization records; and,				
(m) laboratory tests.				
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.				
Access to health records is controlled and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.				
Health records are retained in accordance with community standards.				
1407 Confidentiality				
Written policy and procedures for multi-disciplinary sharing of health information address providing information to the court, child supervision staff and to probation.				
The nature and extent of information shared is appropriate to treatment planning program needs, protecting the minor or others, facility management, security or preservation of safety and order.				
1408 Transfer of Health Care Summary Records				
Written policy and procedures assure that:				
(a) summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;				
(b) relevant health records are forwarded to the health care staff of the receiving facility;				
(c) advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;				
(d) written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,				
(e) confidentiality of health records is maintained during transfer.				
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.				
In facilities without on-site health care staff, written policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.				

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1409 Health Care Procedures Manual <i>Applicable to facilities with on-site health care staff)</i> There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility.				
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.				
There is a documented annual review of the health care procedures manual, with revisions as necessary.				
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.				
1410 Management of Communicable Diseases Written policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:				
(a) intake health screening procedures;				
(b) identification of relevant symptoms;				
(c) referral for medical evaluation;				
(d) treatment responsibilities during detention;				
(e) coordination with public and private community-based resources for follow-up treatment;				
(f) applicable reporting requirements, and,				
(g) strategies for handling disease outbreaks.				
Policies and procedures are updated as necessary to reflect local disease priorities.				
1411 Access to Treatment Written policy and procedures provide unimpeded access to health care.				
1412 First Aid Written policy and procedures assure access to first aid and emergency services.				
(a) First aid kits are available in designated areas of each juvenile facility.				
(b) The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.				
Child supervision and health care staff are trained and there are written policies and procedures to respond to emergencies requiring first aid.				
1413 Individualized Treatment Plans <i>(Excluding Special Purpose Juvenile Halls)</i> Written policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.				

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(a) health care treatment plans are considered in facility program planning.				
(b) health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.				
(c) medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.				
(d) program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.				
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. <i>(See also Title 15 § 1355, Assessment and Plan)</i>				
1414 Health Clearance for in-Custody Work and Program Assignments There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. <i>(See also Title 15 § 1465, Food Handlers Education and Monitoring)</i>				
1415 Health Education <i>(Excluding Special Purpose Juvenile Halls)</i> Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.				
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.				
1416 Reproductive Services Written policy and procedures assure that reproductive health services are available to both male and female minors.				
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 25958.				
1430 Intake Health Screening Written policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted at the time of booking each minor.				
(a) Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) unconscious minors are not accepted;				
(2) minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, (<i>Intoxicated and Substance Abusing Minors</i>)				
(3) circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,				
(4) written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance				
(a) An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of booking.				
(1) Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.				
(2) Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.				
(3) There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.				
1431 Intoxicated and Substance Abusing Minors				
(a) There are written policy and procedures for the identification and management of alcohol and other drug intoxication that address:				
(1) designated housing, including protective environments for placement of intoxicated minors;				
(2) symptoms that should prompt immediate referral for medical evaluation and treatment;				
(3) determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;				
(4) medical responses to minors experiencing intoxication or withdrawal reactions;				
(5) management of pregnant minors who use alcohol or other drugs;				

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(6) initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 (<i>Individualized Treatment Plans</i>) and Title 15 § 1355 (<i>Assessment and Plan</i>) and,				
(7) coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.				
(c) A medical clearance is obtained prior to booking any minor known to have ingested or who appears to be under the influence of one or more intoxicating substances.				
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.				
The monitoring observations are documented, with actual time of occurrence recorded.				
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.				
1432 Health Appraisals/Medical Examinations				
Written policy and procedures require a health appraisal/medical examination of minors.				
(a) The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.				
(1) This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.				
(A) The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.				

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(B) The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurologic.				
(C) Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.				
(D) Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.				
(2) The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is no reason to believe that no substantial change could have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.				
(b) For adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.				
(c) For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:				
(1) is received from the sending facility;				
(2) is reviewed by designated health care staff at the receiving facility; and,				
(3) absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.				

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(d) Written policy and procedures assure that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is also reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.				
1433 Requests for Health Care Services				
Written policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:				
(a) There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.				
(b) Supervision staff relay requests for the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.				
(c) Designated staff inquire and make observations regarding the health of each minor on a daily basis and in the event of possible injury.				
(d) There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.				
(e) There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.				
(f) All health care requests are documented and maintained.				
1434 Consent for Health Care				
Written policy and procedures require informed consent for health care examinations.				
(a) Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.				
(b) There is provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent-guardian or other person standing in loco parentis.				
(c) Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.				
(d) Conservators provide consent only within limits of their court authorization.				
Minors may refuse non-emergency medical and mental health care, verbally or in writing.				

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1435 Dental Care				
Written policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.				
1436 Prostheses and Orthopedic Devices				
(a) There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.				
(b) Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.				
(c) Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.				
1437 Mental Health Services and Transfer to a Treatment Facility				
Written policy and procedures require provision of mental health services, including but not limited to:				
(a) screening for mental health problems at intake;				
(b) crisis intervention and the management of acute psychiatric episodes;				
(c) stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;				
(d) elective therapy services and preventive treatment, where resources permit;				
(e) medication support services; and,				
(f) provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.				
Written policy and procedures assure that any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, shall be provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.				
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, shall be evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,				

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1438 Pharmaceutical Management				
Written policy and procedures provide space and accessories for the secure storage, controlled administration and disposal of all legally obtained drugs.				
(a) Such policies, procedures, space and accessories shall include, but not be limited to:				
(1) securely lockable cabinets, closets and refrigeration units:				
(2) a means for the positive identification of the recipient of the prescribed medication;				
(3) administration/delivery of medicines to minors as prescribed;				
(4) confirmation that the recipient has ingested the medication;				
(5) documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;				
(6) prohibition of the delivery of drugs from one minor to another:				
(7) limitation to the length of time medication may be administered without further medical evaluation; and,				
(8) the length of time allowable for a physician's signature on verbal orders.				
(b) There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:				
(1) Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.				
(2) Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.				
(3) Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.				
(4) Preparation of labels is done by a physician, dentist, pharmacist or other personnel, either licensed or non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.				
(5) Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(6) Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.				
(7) Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.				
(8) Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.				
(c) There are written procedures for managing and providing over-the-counter medications to minors.				
1439 Psychotropic Medications Written policies and procedures govern the use of voluntary and involuntary medications.				
(a) These policies and procedures include, but are not limited to:				
(1) protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;				
(2) requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;				
(3) the length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;				
(4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;				
(5) provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,				
(6) provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.				
(b) Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the parent-guardian or the court.				
(1) Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.				
(2) Absent an emergency, minors may refuse treatment.				

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(c) Minors found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm and when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.				
(d) Administration of psychotropic medication is not allowed for disciplinary reasons.				
1450 Suicide Prevention Program There is a written suicide prevention plan, with policies and procedures to train staff to identify minors who present a suicide risk, appropriately monitor their condition, and provide for the necessary treatment and follow-up.				
1452 Collection of Forensic Evidence Written policy and procedures assure that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.				
1453 Sexual Assaults There are written policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.				
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.				
1454 Participation in Research Written policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.				
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.				

Summary of medical/mental health evaluation: